



ALL INDIA FEDERATION OF TAX PRACTITIONERS

(An Association of Advocates, Chartered Accountants & Tax Practitioners of India)

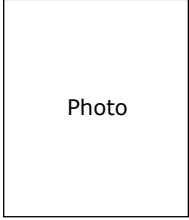
(Registered with Registrar of Society, Charity Commissioner & Income Tax Authorities)

Regd. Office : 215, Rewa Chambers, 31, New Marine Lines, Mumbai 400 020.

Tel.: 022-22006342/43/49706343 • E-mail: aiftpho@gmail.com • Website: www.aiftponline.org

ETHICS
DUICATION
XCELLENCE

MEMBERSHIP ENROLMENT FORM (W.E.F. 5th August, 2023 till 31st January, 2025)



To
The Secretary General, AIFTP

Dear Sir,

I hereby apply to enrol me as **Life Member** of "**ALL INDIA FEDERATION OF TAX PRACTITIONERS.**"

I declare that I am practising as a Sr. Advocate/Advocate/Chartered Accountant/Tax Practitioner since _____.

I enclose herewith Cash/Cheque/Draft/have remitted online vide transaction No. _____ dated _____ for

(i) ₹ 4,248/- [₹ 3,500 for Life Membership, ₹ 100/- for ID Card and ₹ 648/- for GST @ 18%]

(ii) ₹ 5,248/- [₹ 3,500 for Life Membership, ₹ 100/- for ID Card, ₹ 648/- for GST @ 18% and ₹ 1,000/- for one year subscription of AIFTP Journal (April to March)]

(iii) ₹ 6,848/- [₹ 3,500 for Life Membership, ₹ 100/- for ID Card, ₹ 648/- for GST @ 18% and ₹ 2,600/- for Three years subscription (April to March)]

I furnish hereunder full particulars :

1. Name of Member

Mr./Mrs./Miss

(a) Surname

(b) Name

(c) Father's/Husband's Name

2. Personal Data

(a) Date of Birth

(b) Qualifications

(c) Enrolment/Membership
Number of*

Bar Council _____ ICAI/ICWA/ICSI _____
ITP/STP/VATP _____ Other (specify) _____

(d) Specialisation

Audit/VAT/GST/Service Tax/Direct Tax/Excise/Custom/International Taxation/
FEMA/Any other (specify) _____

(e) Blood Group

_____ (f) GSTIN, if any _____

3. Office Address

 Pin Code

State

Tel No. with STD Code

Fax No.

 Mobile No.

E-Mail ID

Website

4. Residential Address

 Pin Code

State

Tel No. with STD Code

5. Communication to be sent at

Office Residence

Name of the Association _____

Membership No. _____

6. Member of other Professional Associations

- a)
- b)
- c)

7. Proposed by member of AIFTP:

Name _____

Address _____

* Please enclose self attested copy of enrolment/registration being proof of qualification.

I hereby declare that the above information is true and correct. I undertake to abide by the Constitution, Code of Ethics and Rules and Regulations of the Federation and its amendments from time to time.

Note: Cheque/DD to be drawn in the name of "**All India Federation of Tax Practitioners**". .

Date :

Signature

For Office use only

Accepted at Meeting held at _____ Amt. Recd. by _____ Date

Receipt No. _____ Deposited in Bank on _____

President

Secretary General

Treasurer

Membership No.: